

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567901

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED      AFTER  
1<sup>ST</sup> AMENDMENT      AFTER  
2<sup>ND</sup> AMENDMENT

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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1	1					
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16	4		1			
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48	2		1			
49	2		1			
50	2		1			

TOTAL IND.

2



TOTAL DEP.

29



TOTAL CLAIMS

31



	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						

TOTAL IND.

2



TOTAL DEP.

29



TOTAL CLAIMS

31

